

**PRIVATE ONSITE WASTE TREATMENT SYSTEMS
(POWTS)
INSPECTION REPORT
(ATTACH TO PERMIT)**

County

Sanitary Permit No:

State Plan Transaction ID#:

Parcel Tax No:

GENERAL INFORMATION

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m)]

Permit Holder's Name:		<input type="checkbox"/> City	<input type="checkbox"/> Village	<input type="checkbox"/> Town of:
CST BM Elev:	Insp BM Elev:	BM Description:		

TANK INFORMATION

TYPE	MANUFACTURER	CAPACITY
Septic		
Dosing		
Aeration		
Holding		

ELEVATION DATA

STATION	BS	HI	FS	ELEV
Benchmark				
Bldg. Sewer				
St / Ht Inlet				
St / Ht Outlet				
Dt Inlet				
Dt Bottom				
Installation Contour				
Header / Man.				
Dist. Pipe				
Infiltrative Surface				
Final Grade				

TANK SETBACK INFORMATION

TANK TO	P/L	WELL	BLDG	VENT TO AIR INTAKE	ROAD
Septic					NA
Dosing					NA
Aeration					NA
Holding					

PUMP / SIPHON INFORMATION

Manufacturer				Demand	
Model Number				GPM	
TDH	Lift	Friction Loss	System Head	TDH	Ft
Forcemain	Length	Dia	Dist. To Well		

DISPERSAL CELL INFORMATION

DIMENSIONS	Width	Length	No of Cells	
SETBACK INFORMATION	P / L	Bldg	Well	OHHM of Nav Waters
CELL TO				

Type of System	LEACHING CHAMBER	Manufacturer:
		Model Number:

DISTRIBUTION SYSTEM

Header / Manifold Length _____ Dia _____	Distribution Pipe(s) Length _____ Dia _____ Spac _____	X Pressure Systems Only	X Hole Size	X Hole Spacing	Observation Pipes <input type="checkbox"/> Yes <input type="checkbox"/> No
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SOIL COVER

Depth Over Cell Center	Depth Over Cell Edges	Depth of Topsoil	Seeded / Sodded <input type="checkbox"/> Yes <input type="checkbox"/> No	Mulched <input type="checkbox"/> Yes <input type="checkbox"/> No
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COMMENTS: (Include code discrepancies, persons present, etc.)

Plan revision required? ☐ Yes ☐ No

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Use other side for additional information

Date

POWTS Inspector's Signature

Cert No